215.83

Nutrition Care Plans

Policy

Nutrition care plans must be developed for all individual WIC participants with one or more high-risk conditions (see Policy 215.62). A care plan must be initiated at certification and updated when the second nutrition education contact is completed. A licensed dietitian must either develop the care plan at certification or update it at the second education contact. A participant may not be included in only a family care plan if they are high-risk.

Note: Nutrition care plans may be developed for other WIC participants at their request or at the discretion of the CPA.

Family care plan

A family care plan allows a plan to be created for an entire family rather than an individual participant. The family based plan should only be used for members of the family that are not high risk. The data system does not auto populate the S, O or A data in a family care plan.

SOAP format

Care plans in the data system use the SOAP format. The data system will automatically populate some subjective, objective, assessment, and counseling/plan data from data fields in the system. The CPA must add pertinent data to complete the care plan. The table below lists examples of information for each part of the plan.

Part of care plan	Auto-filled information	Examples of information for CPA to include
S = Subjective (information provided by the parent/guardian or participant)	• Most recent/previous goals • Subjective data from nutrition interview	• Perceived illnesses • Attitudes • Medical complaints • Stated interest or questions

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Nutrition Care Plans, Continued

SOAP format, continued

Part of care plan	Auto-filled information	Examples of information for CPA to include
O = Objective (hard facts)	• Height/weight • Age • Gestational age • Growth chart information • Relevant participant categorical data	• Important facts not auto populated by the data system • Age • Laboratory data • Anthropometric data
A = Assessment	• Assigned risks • Assessment information gathered from the nutrition interview	• Additional information regarding assigned risks • Nutrition needs, and • Readiness for behavior change
P = Counseling/Plan	• Nutrition education topics from that day • Nutrition education sub-topics from that day • Counseling points from that day	
P = Counseling/Plan - Pamphlets	• Pamphlets provided that day during counseling	
P = Counseling/Plan – Goals (required field)*		• Goals determined by the participant
P = Counseling/Plan - Referrals	• Referrals provided during that day's visit	
P = Counseling/Plan - Education		• Document any information provided to the participant not already captured in the topics, pamphlets, goals or referrals

Comparison of SOAP and ADIME/ADI Charting Formats

Introduction

Recent graduates from dietetics programs and internships have learned to use the ADIME charting format (sometimes referred to as the ADI format). This section of policy provides a crosswalk between the SOAP and ADIME charting formats.

Cross walk

The table below compares the two formats.

SOAP	ADIME
S = Subjective data	
O = Objective data	
A = Assessment (may include nutrition diagnoses written as PES statements)	A = Assessment data summary including subjective and objective data
	D = Nutrition diagnoses written as PES statements
P = Plan including: • Nutrition prescription • Initial education or counseling provided • Follow-up education or counseling planned • Coordination of other health care such as referrals made	I = Interventions with outcomes and measurable goals including: • Nutrition prescriptions for food or nutrient delivery • Nutrition education • Nutrition counseling • Referral and coordination of nutrition care and health care
	M = Monitoring (data or other parameters)
	E = Evaluation (progress towards goals and impact of the intervention on reaching the goals)

PES statements

Nutrition diagnoses are generally written using the following components:

- Problem : A diagnostic label describing alternations or other issues related to the client's nutritional status
- Etiology: Causes or contributing risk factors
- Signs or symptoms: Defining characteristics

PES statements are formatted as follows:

[Problem] related to [Etiology] as evidenced by [Signs or symptoms].

Summary of Required Documentation in Care Plans

Introduction

This policy summarizes all of the documentation requirements.

Required documentation

The table below identifies situations requiring specific documentation in the nutrition care plan.

IF…	THEN…	Policy
A generally healthy child is exempted from being physically present at a subsequent certification	Write a nutrition care plan and include a statement about the child's ongoing health care	215.15
Regression is assigned as the qualifying risk	Identify the risk factor to which the participant may regress	215.60
Contract non-exempt and non-contract non-exempt infant formula is authorized	Summarize pertinent information from the Infant Formula Assessment form	235.55
Cans of formula are issued for returned formula or formula benefits	List the formula and number of cans provided and describe the current feeding plan	235.65
"Other" is selected as the nutrition education topic for a completed or planned contact	Identify the specific topic to be addressed	240.30
A high-risk nutrition education contact is completed	Update the care plan and schedule additional contacts or return visits as appropriate	240.55
Formula is issued to a breastfed infant in the first month of life	Write a nutrition care plan stating the reason for issuing formula in the first month	240.80

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Summary of Required Documentation in Care Plans, Continued

Required documentation, continued

IF…	THEN…	Policy
The amount of formula issued to any breastfed infant, regardless of age, is more than issued in the previous food package	Write a nutrition care plan stating the reason for providing a larger food package.	240.80
Formula is issued for the first time to a breastfed infant >1 month old	Write a nutrition care plan stating the reason for the supplemental formula.	240.80
Breast shells or a supplemental nursing system are issued	Identify the item provided and the reason for issuance	240.85
A written referral is made to a program/provider not yet included in the contractor's list of referral organizations	Identify the type of referral and the specific agency, program or provider	245.20

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